

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90141 049 ****61.25

DOCUMENT # N37827

1. Entity Name

WEST PASCO HABITAT FOR HUMANITY, INC.



Principal Place of Business

P.O. BOX 334
NEW PT. RICHEY FL 34656-0334
US

Mailing Address

P.O. BOX 334
NEW PT. RICHEY FL 34656-0334

60009002



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3000450**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COUTURE, ALBERT
4346 OTTER WAY
NEW PORT RICHEY FL 34653

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	MCPHERON, CYNTHIA	
STREET ADDRESS	6810 RUNNEL DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALOGIANIS, CHUCK	
STREET ADDRESS	4752 CREST KNOLL LN.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COUTURE, ALBERT B	
STREET ADDRESS	4346 OTTER WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOSTER, MALCOLM	
STREET ADDRESS	10130 US 19 NORTH	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MALCOLM FOSTER 1/17/03 727-861-1875

CR2E037 (10/02)